



State of New Hampshire 2010 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2010

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/29/2010

Business ID: 412847

William M. Gardner

Secretary of State

CHRIS B. SAWYER, L.L.C.

PO BOX 113

CTR TUFTBORO, NH 03816

ADDRESS OF PRINCIPAL OFFICE:

50 FEDERAL CORNER ROAD
CTR. TUFTONBORO, NH 03816

REGISTERED AGENT AND OFFICE:

SAWYER, CHRIS B.
50 FEDERAL CORNER ROAD , PO BOX 113
CTR. TUFTONBORO, NH 03816

ENTITY TYPE: LLC

BUSINESS ID: 412847

STATE OF DOMICILE: NEW HAMPSHIRE

TAX PREPARATION, BOOKKEEPING

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address _____
- ☐ The new principal office address _____

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. Chris B Sawyer
STREET PO Box 113
CITY/STATE/ZIP Ctr. Tuftonboro Nh 03816
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

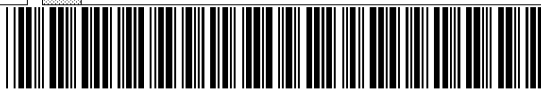
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Chris B Sawyer

Please print name and title of signer: Chris B Sawyer / MEMBER
NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



041284720101000

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529